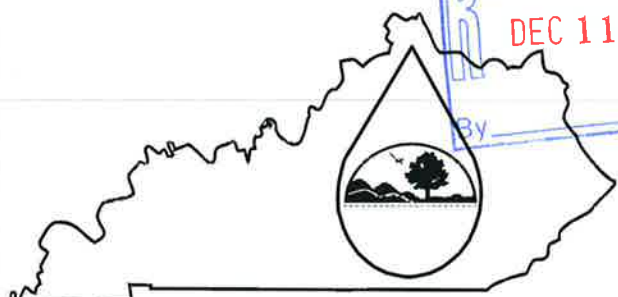


KPDES FORM 1

AZ# 35303



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0095532
A. Name of Business, Municipality, Company, Etc. Requesting Permit Webster County Board of Education			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: Slaughters Elementary School		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> James Shadrick - Maintenance Director	
Facility Location Address (i.e. street, road, etc., not P.O. Box): 10362 State Route 138		Mailing Address: 28 State Route 1384 1340	
Facility Location City, State, Zip Code: Slaughters, Kentucky 42456		Mailing City, State, Zip Code: Dixon, Kentucky 2409 42409	
D. Owner's name (if not the same as in part A and C): same		Facility Contact Telephone Number: 270-639-0257	
Owner's Mailing Address: same		Owner's Telephone Number (if different): same	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Elementary School, Grades K - 8th

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	8211 Elementary School		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)		Attached	
B. County where facility is located: Webster County		City where facility is located (if applicable): Slaughters, Kentucky	
C. Body of water receiving discharge: unnamed tributary at mile point 0.65 to east fork Deer Creek at mile point 6.9			
D. Facility Site Latitude (degrees, minutes, seconds): 37 degrees - 29 minutes - 36 seconds		Facility Site Longitude (degrees, minutes, seconds): 87 degrees - 30 minutes - 13 seconds	
E. Method used to obtain latitude & longitude (see instructions): from USGS topographic map			
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): n/a			

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Dennis Parrish

Telephone Number:

270-635-1200

Operator Mailing Address (Street):

P. O. Box 3, 957 Hwy. 857

Operator Mailing Address (City, State, Zip Code):

Dixon, Kentucky 42409

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

II

Certification Number:

6681

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

~~KY0100589~~ **KY0095532**

Issue Date of Current Permit:

December 1, 2005

Expiration Date of Current Permit:

November 30, 2009

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

March 1, 2004

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

10004003

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

James Shadrick - Maintenance Director

DMR Official Telephone Number:

270-821-6392

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCoy & McCoy Laboratories, Inc.

DMR Mailing Address:

85 East Noel Avenue, P.O. Box 907

DMR Mailing City, State, Zip Code:

Madisonville, Kentucky 42431


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

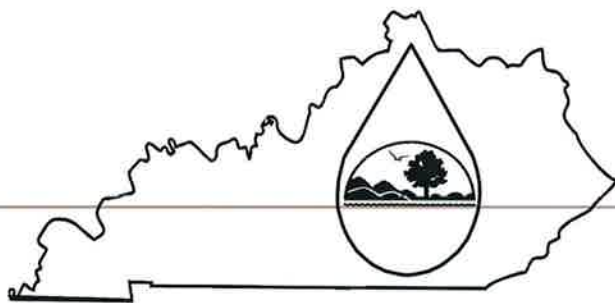
Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW	\$200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> James Shadrick	270-639-0257
SIGNATURE 	DATE: 12-3-08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Webster County Board of Education (Slaughters Elementary)											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	9	5	5	3	2
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				5 days per week							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): To serve a student population of 250 @ 10GPD											
B. If new discharger, indicate anticipated discharge date:				n/a							
C. Indicate the design capacity of the treatment system:				0.0022 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	37	29	36	87	30	13	Unnamed Tributary Of the East Fork of Deer Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
002	Sewage Treatment Plant	0.0022 MGD	Evaporation	1-F
			Electrochemical UV	2-I
			Holding Tank	5-L

V. Check the type(s) of wastewater discharged.☒ Domestic (60% or more sanitary sewage)☐ Oil field waste☐ Noncontact cooling water☐ Other (list):**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**☐ Publicly-owned lake or impoundment Name of lake:☐ Publicly-owned treatment works (POTW). Name of POTW:☐ Land application of Effluent☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Slaughters Elem. School	250 served
TOTAL POPULATION SERVED	250 served

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	< 2	< 2	19
TOTAL SUSPENDED SOLIDS	5	5	MG/L
FECAL COLIFORM	< 10	< 10	13
TOTAL RESIDUAL CHLORINE	N/A		
OIL AND GREASE	N/A		
CHEMICAL OXYGEN DEMAND	—	—	19
TOTAL ORGANIC CARBON	N/A		
AMMONIA	< 1	< 1	19
DISCHARGE FLOW	—	—	—
PH	7.8	—	12
TEMPERATURE (WINTER)	—	—	—
TEMPERATURE (SUMMER)	—	—	—

B. Frequency and duration of flow:	daily
------------------------------------	-------

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> James Shadruck	210-639-0257
SIGNATURE	DATE
James Shadruck	12-3-08

Permittee
McCoy & McCoy Laboratories, Inc.
PO Box 907 825 Industrial Road
Madisonville, KY 42431

Facility
WEBSTER CO BD OF ED
Location
DIXON KY 42409

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

KY0100587
Permit Number

002 2
Discharge

MONITORING PERIOD					
From			To		
Year	Month	Day	Year	Month	Day
2008	07	01	2008	09	30

MINOR (SUBR MA)
F FINAL
SLAUGHTERS ELEM SCHOOL
EFFLUENT
*** NO DISCHARGE ***

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	***	7.1	*****	*****	(19)	1/92	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MGL	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.8	*****	7.8	(12)	1/92	GRAB
PH	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	QTRLY	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	1/92	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.004	0.004	(26)	*****	5	5	(19)	1/92	COMPOS
00530 1 0 0	PERMIT REQUIREMENT	0.60 30DA AVG	1.20 DAILY MX	LBS/DY	*****	30 DA AVG	60 DAILY MX	MGL	QTRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(26)	*****	<1	<1	(19)	1/92	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0.04 30DA AVG	0.08 DAILY MX	LBS/DY	*****	2 30DA AVG	4 DAILY MX	MGL	QTRLY	COMPOS
00610 1 1 0	PERMIT REQUIREMENT	0.0001	0.0002	(03)	*****	*****	*****	****	1/92	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	1/92	GRAB
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****	1/92	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	1/92	GRAB
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****	1/92	GRAB
74055 1 0 0	PERMIT REQUIREMENT	<0.002	<0.002	(26)	*****	<2	<2	(19)	1/92	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.20 30DA AVG	0.40 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MGL	QTRLY	COMPOS
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****	1/92	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	1/92	COMPOS

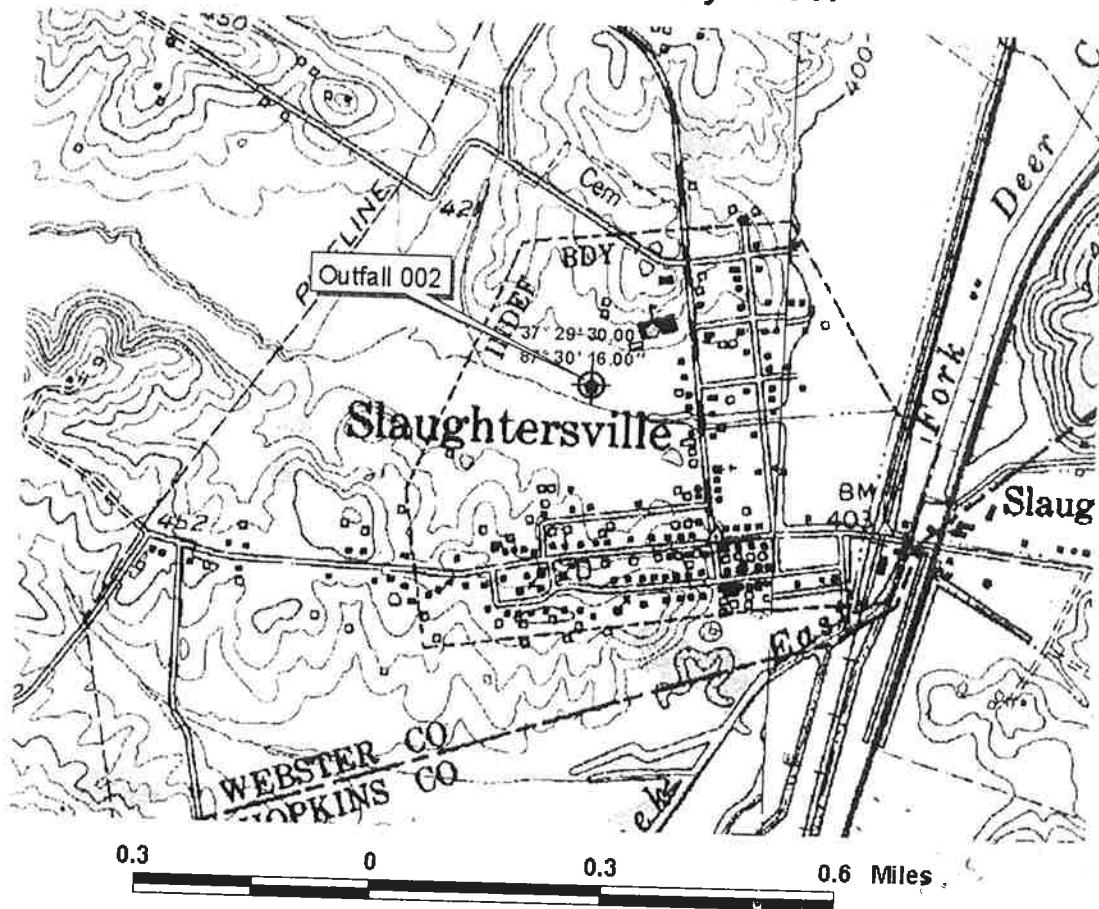
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES SHADRICK/MAINTENANCE DIRECTOR
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 401 KRS 5.065 AND KRS 22A.994.
(PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$35,000 PER DAY OF VIOLATION OR IMPRISONMENT FOR MORE THAN ONE YEAR OR BY MONTH)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (270) 639-5083
DATE Year Month Day

Slaughters Elementary WWTP



- ◆ KPDES Outfall
- ◆ KPDES Facility
- ◆ Active
- ◆ General
- ◆ Inactive



WEBSTER COUNTY SCHOOLS

JAMES A KEMP, Ph.D.
SUPERINTENDENT

28 St. Rt. 1340 • Dixon, KY 42409 • 270-639-5083
Fax Number 270-639-0117

Rachel Yarbrough
Asst. Superintendent

Riley Ramsey
Director
Pupil Personnel
Technology

Alan Lossner
Director
Federal/State Programs
Public Relations

Linda Henry
Director
Special Education
KERA Preschool

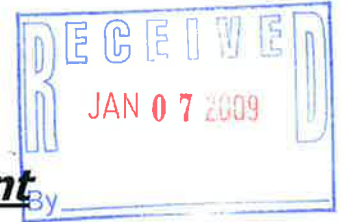
Dave Rupsch
Director
Academics/Athletics

Catholine Townsend
Director
Food Service

James Shadrick
Director
Maintenance

Steve Whitsell
Director
Transportation

From the desk of
James Shadrick
Maintenance Department
Ph. 270-639-0257
Fax 270-639-0126
Jim.shadrick@webster.kyschools.us



Dear Mr. Shane,

Enclosed you will find the corrections made on our application. I have also enclosed a map and a copy of our last "Discharge Monitoring Report". Sorry for the errors, this was my secretary's first report, (and mine too). If you need anything else, please let me know.

Respectfully,

James Nance
Chairman

Lisa Preston
Vice Chairman

Tim McCormick
Board Member

Steve Henry
Board Member

E Carolyn Tucker, Ph.D.
Board Member